

FORMS





PBL Pre-conference Tests Order Form

North Dakota Department of Career and Technical Education
SFN 51855 (11/00)

School Name	Adviser
Pre-conference Test Administrator (May not be an adviser. You may have more than one test administrator, but all tests will be sent to only one person):	Mailing address of Test Administrator:

Circle the number of each test you require. See PBL Competitive Event Registration form for number of members who can enter event (according to membership).

All tests must be returned to Bismarck, regardless of whether or not they are used.

3	Business Decision Making	1 2 3 4 5	Future Business Executive
4 5	Parliamentary Procedure	6 7 8 9 10	
1 2 3	State Parliamentarian Application Test	1 2 3 4 5	Future Business Teacher
2 4 6	Desktop Publishing	6 7 8 9 10	
1 2 3 4 5 6	Word Processing	1 2 3 4 5	Job Interview Problem and Application Form
1 2 3 4 5 6	Computer Applications		
2 3	Network Design	1 2 3 4 5	Business Communication

All students must pay full registration fee and be present at the SLC to participate in these competitive events.

Postmark or Fax this form by designated date to:

**Linda Kuntz
Career and Technical Education
600 E. Boulevard Ave., Dept. 270
Bismarck, ND 58505-0610
Fax: 701-328-1255**



PBL State Officer and State Parliamentarian Application*

North Dakota Department of Career and Technical Education
SFN 18566 (11/99)

Please submit typewritten form.

**All information requested is purely voluntary on the part of the applicant and will not be used for determining applicant's qualifications for a North Dakota PBL State Chapter office.*

School attending in 2006-2007				Office sought	
Class this year Freshman Sophomore Junior		Standing in class <input type="checkbox"/> Upper third <input type="checkbox"/> Middle <input type="checkbox"/> Lower third			
Name		Current mailing address			
City	State	Zip	Phone		
E-mail			Birthdate		
Summer address				Phone	
Person to contact in an emergency			Relationship		
Address		City	State	Zip	Phone
PBL activities					
College Major	College Minor			Have you completed or are you enrolled in at least one business course? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to attend all meetings of the State Executive Council: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you employed in a part-time job while attending college? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of hours you usually work per week		Name of employer	
If you are employed, will your employer allow you time off to attend state planning meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Candidate's signature			Adviser's signature		

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Who's Who in North Dakota PBL Award

North Dakota Department of Career and Technical Education
SFN 15350 (11-99)

Every PBL chapter should name at least one PBL member to receive the Who's Who award. Every chapter has a winner. State PBL officers are *not* to be local chapter winners. They receive the award automatically. This award should be given to the person most deserving for service to the local PBL chapter, not necessarily the president, but the member who is always present, always willing to help, etc.

Chapters may have one or more Who's Who winners.

School Name	Adviser's Signature
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1	Name of Student Receiving Award (please print)
2	Name of Student Receiving Award (please print)

DO NOT LIST STATE OFFICERS

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PBL Adviser Length of Service Award Application

North Dakota Department of Career and Technical Education
SFN 51854 (11/99)

In order to continue the Chapter Adviser Years of Service Award at the state and national level, we need information from each adviser regarding total (broken or continuous) years of service as a PBL adviser. Advisers will be recognized at the State Leadership Conference for 5, 10, 15, 20, and 25 years of service.

If you are eligible for an award this year **and wish to receive the award**, you must complete this form and return it to the state PBL office by the date indicated.

If you are not eligible for an award this year, you don't need to complete this form.

Name	School
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I have a total of _____ years of service (including this year) as a PBL chapter adviser as follows:

From (month/year)	To (month/year)	School Name
From (month/year)	To (month/year)	School Name
From (month/year)	To (month/year)	School Name

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Honorary Membership or Businessperson of the Year Nomination

North Dakota Department of Career and Technical Education

SFN 17801

No pictures, be brief. State reasons on this form only.

Name of Nominee	
Complete Mailing Address of Nominee	Telephone
E-mail Address	
Nominated for: <input type="checkbox"/> Honorary Membership <input type="checkbox"/> Businessperson of the Year	
Statement of why the nominee should receive the award:	
Submitted by	
Chapter	
<i>NOTE: You will be notified if candidate is selected. If you do not receive notification, the person was not selected as State Businessperson of the Year or Honorary Member. You may give this person an award from your chapter, if you wish.</i>	

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Special Needs Assistance Request

North Dakota Department of Career and Technical Education
SFN 51853 (12/99)

The following students or advisers request special assistance or accommodations at the State Leadership Conference:

Name and type of assistance required:

Name and type of assistance required:

Name and type of assistance required:

Describe how you believe we could best assist student or adviser with special needs. (Example: provide room on ground level.)

Chapter

Adviser

Postmark or Fax this form by designated date to:

***Linda Kuntz
Career and Technical Education
600 E. Boulevard Ave., Dept. 270
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PBL Competitive Event Registration

North Dakota Department of Career and Technical Education
SFN 6991 (12/00)

Chapter Name	# of Members	Adviser's Name
School Phone	School Fax	
Adviser or person to contact if conference is postponed or changed because of inclement weather, or other reason.		Phone
E-mail Address		
Name of alternate person to contact		Phone
E-mail Address		

For each of the following competitive events, supply names of the participants. Under each event name is indicated (by chapter membership) the number of members from each chapter who may enter the event. **Participants must check posted schedules at conference registration to ensure that they are not scheduled for two events at the same time.**

Accounting Principles (Note Course Eligibility Requirements) (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Accounting for Professionals (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Business Communication (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Business Decision Making (One team composed of 3 members)	

Business Ethics (One team composed of 2 or 3 members)	
Business Law (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Business Plan (One team composed of 1 to 3 members)	
C++ Programming (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Community Service Project (One team composed of 1 to 3 members)	
Computer Applications (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Computer Concepts (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Desktop Publishing (3 teams of 2 members each)	

Economic Concepts (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Emerging Business Issues (One team composed of 2 or 3 members)	
Financial Concepts (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Future Business Executive (1-24) 4; (25-49) 6; (50-74) 8; (75+) 10	
Future Business Teacher (1-24) 4; (25-49) 6; (50-74) 8; (75+) 10	
Hospitality Management (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Human Resource Management (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	

Impromptu Speaking (1-24) 2; (25-49) 3; (50-74) 4; (75+) 5	
Information Management (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
International Business (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Java Programming (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Job Interview (1-24) 2; (25-49) 3; (50-74) 4; (75+) 5	
Local Chapter Annual Business Report	Entering Report: ____Yes ____No
Management Concepts (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	

Marketing Concepts (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Multimedia Presentation (One team composed of 1 to 3 members)	
Network Design (One team composed of 2 or 3 members)	
Networking Concepts (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Parliamentary Procedure Team (One team composed of 4 or 5 members)	
Pilot Event: Accounting Analysis and Decision Making (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Pilot Event: Economic Analysis and Decision Making (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Pilot Event: Financial Analysis and Decision Making (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	

Pilot Event: Management Analysis and Decision Making (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Pilot Event: Marketing Analysis and Decision Making (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Public Speaking (1-24) 2; (25-49) 3; (50-74) 4; (75+) 5	
Sales Presentation (1-24) 2; (25-49) 3; (50-74) 4; (75+) 5	
SMG Worldwide (Unlimited number of individuals or teams composed of 1 to 5 members)	
Sports Management and Marketing (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Statistical Analysis (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	

Telecommunications (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Visual Basic Programming (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Web Site Development (One team composed of 1 to 3 members)	
Word Processing (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	

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Fax: 701-328-1255***

Conference Event Registration Continued on Next Page

School Name	Adviser
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Please type (for accuracy in making nametags) **all** chapter members attending the conference. Add additional pages if necessary.

Members	Events Entered	FR	SO	JR	SR

CONTINUED--Please type (for accuracy in making nametags) **all** chapter members attending the conference. Add additional pages if necessary.

Members	Events Entered	FR	SO	JR	SR



PBL North Dakota State Leadership Conference Registration

North Dakota Department of Career and Technical Education
SFN 18287 (11/00)

Registration fee of \$60 per student and \$60 per adviser must accompany this form. On-site registration fee is \$75.

Location of conference Jamestown, ND	Conference dates April 6-8, 2006
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School	City
Adviser	

	State officers attending at no charge	
	Members attending at \$60 per person	
	Advisers attending at \$60 per person	
	Guest brunch at \$10 per person (non-PBL member or non-adviser)	
	Guest banquet at \$20 per person (non-PBL member or non-adviser)	
	TOTAL	

Make check payable to North Dakota PBL

Postmark this form and your check by date indicated to:

FBLA-PBL Fiscal Agent
PO Box 6022
Bismarck, ND 58506-6022

In addition, please fax this form to:

Linda Kuntz
Career and Technical Education
600 E. Boulevard Ave., Dept. 270
Bismarck, ND 58505-0610
Fax: 701-328-1255



PBL State Leadership Conference Hotel Reservation

North Dakota Department of Career and Technical Education
SFN 15348 (12/00)

Mail to:
Gladstone Inn
111 Second St., NE
Jamestown, ND 58401-3349
(701) 252-0700
**NOTE: Refer to block of
rooms reserved under
Jamestown College PBL**

Conference Dates
April 6-8, 2006

Postmark by
March 3, 2006

PLEASE NOTE: All hotel reservations need to be made using this form. The hotel will not accept phone reservations. It is preferred that reservations be made for the entire chapter at one time.

1. A block of rooms has been reserved at this hotel. Mail this form directly to the hotel. No reservations will be made for the conference without this form. Any changes must be made with the hotel.
2. Check-in time will be 2 p.m. You must check in no later than 6 p.m. If this is impossible, call the hotel and make special arrangements for late arrival.
3. Check-out time will be 11 a.m.
4. Make sure to indicate how many nights you will be staying.
5. Room rates (excluding tax) **per person, per night** are as follows:

Single	Double	Triple	Quad
\$50.00	\$25.00	\$16.67	\$12.50

6. Please bring tax exempt ID number, if it applies, to receive a tax-free room rate.

Name of School, City:			Number of rooms to reserve:	
Arrival Date:		Departure Date:		
NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room A	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		
NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room B	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

SEND CONFIRMATION TO:

Name		Phone
Address		Fax
City	State	Zip

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room C	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room D	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room E	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room F	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		



Multimedia Presentation Entry Form

North Dakota Department of Career and Technical Education
SFN 53070 (09/01)

The presentation must be clearly labeled with the names of the team members and the name of the school.

Chapter Name		
Adviser Name		
Email Address		Phone Number
Team Member Names		

Presentation submitted on:

- ☐ CD
- ☐ DVD

We, the undersigned, attest that the design and creation of this multimedia presentation is the original work of the team members. We agree that this presentation may be linked, promoted, and used in any way by national FBLA-PBL, Inc. for purposes of promoting the association.

Adviser's Signature	Team Member Signature
Team Member Signature	Team Member Signature

Postmark or Fax this form by designated date to:

**Linda Kuntz
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Bismarck, ND 58505-0610
Fax: 701-328-1255**



Web Site Development Entry Form

North Dakota Department of Career and Technical Education
SFN 52252 (09/01)

Chapter Name		
Web site URL Address		
Adviser Name		
Email Address		Phone Number
Team Member Names		

We, the undersigned, attest that the design, creation, and implementation of this website is the original work of the team members. We agree that this website may be linked, promoted, and used in any way by national FBLA-PBL, Inc. for purposes of promoting the association.

Adviser's Signature	Team Member Signature
Team Member Signature	Team Member Signature

Postmark or Fax this form by designated date to:

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Fax: 701-328-1255**



PBL Local and State Chapter Web Site Permission Form

North Dakota Department of Career and Technical Education
SFN 53909

The North Dakota PBL Web site is on the road to becoming one of the primary modes of communication for our students, instructors, and others. We believe that stories and information about the people and events around the state will improve our site. On the other hand, we understand the global nature of the Internet and concerns people have for privacy. In order for us to alleviate any potential misunderstandings, we require that this form be filled out, signed, and submitted to our agency by any individual to whom reference is made or whose pictures are posted. If said person is a minor, a guardian signature is also required.

- ☐ The _____ chapter of PBL is authorized to publish the following on their Web site (check all to which you agree).

-OR-

- ☐ The North Dakota State Chapter of PBL is authorized to publish the following on their web site (check all to which you agree).

- ☐ Name
☐ Email Address
☐ Photo

Member Signature: _____

Date: _____

Signature of Parent /Guardian: _____
(if above individual is under 18 years of age)

Date: _____

To be signed and retained by the local chapter

-OR-

send to the PBL state office if photos are to be published on the PBL website.

Mail or Fax to:

***Linda Kuntz
Career and Technical Education
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Largest Percentage of Retention in Local Chapter Membership

(North Dakota Only Event)

North Dakota Department of Career and Technical Education
SFN 53908

School Name and City:

Please fill out the information below. Membership retention will be verified using National PBL membership records.

Number of Members Retained from 2004-05 to 2005-06:

Percentage of Retention:

(To calculate percentage of retention, divide number of members retained by the current number of members.)

List names of members retained from 2004-2005 to 2005-2006:

(Attach additional sheet if necessary)

1.	10.
3.	11.
3.	12.
4.	13.
5.	14.
6.	15.
7.	16.
8.	17.
9.	18.

Signature of Chapter President:

Signature of Chapter Adviser:

Postmark or Fax this form by designated date to:

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